

**Programme Santé USAID /
Assistance Technique Nationale
ATN**

**Second Six Month Report FY 2004
(April 2004 – September 2004)**

Submitted: October 31, 2004

Contract Number : 688-C-00-04-00011-00

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Table of Contents

| | | |
|-------|--|----|
| 1 | Introduction | 1 |
| 2 | Component 1: Accomplishments of the past 6 months, lessons learned, obstacles and future activities by high impact service | 2 |
| 2.1 | Nutrition | 2 |
| 2.1.1 | Accomplishments of the past six months | 2 |
| 2.1.2 | Lessons Learned..... | 3 |
| 2.1.3 | Obstacles/challenges encountered and steps taken to address them | 4 |
| 2.1.4 | Key activities planned for the next six months (10/04-3/05) | 4 |
| 2.1.5 | Upcoming Events/Travel | 5 |
| 2.2 | Vaccination | 5 |
| 2.2.1 | Accomplishments of the past six months | 5 |
| 2.2.2 | Lessons Learned..... | 5 |
| 2.2.3 | Obstacles/challenges encountered and steps taken to address these obstacles ... | 6 |
| 2.2.4 | Key Activities planned for the next 6 months (10/04-3/05) | 6 |
| 2.2.5 | Upcoming Events/Travel | 7 |
| 2.3 | Maternal Health and Family Planning | 7 |
| 2.3.1 | Accomplishments of the past six months | 7 |
| 2.3.2 | Lessons Learned..... | 8 |
| 2.3.3 | Obstacles/Challenges encountered and steps taken to address these obstacles... | 8 |
| 2.3.4 | Key activities planned for the next six months (10/04-3/05) | 8 |
| 2.3.5 | Upcoming Events | 8 |
| 2.4 | Malaria | 9 |
| 2.5 | Diarrheal Disease Control..... | 9 |
| 3 | Component 2: Accomplishments in last 6 months, lessons learned, obstacles and future activities by intervention area..... | 10 |
| 3.1 | Health Sector Reform | 10 |
| 3.1.1 | Accomplishments of the past six months | 10 |
| 3.1.2 | Lessons Learned..... | 10 |
| 3.1.3 | Obstacles/challenges encountered and steps taken to address them | 11 |
| 3.1.4 | Key activities planned for the next six months (10/04-3/05) | 11 |
| 3.1.5 | Upcoming Events | 12 |
| 3.2 | Mutual Health Organizations (MHO) | 12 |
| 3.2.1 | Accomplishments over the past 6 months | 12 |
| 3.2.2 | Lessons Learned..... | 12 |
| 3.2.3 | Obstacles/challenges encountered and steps taken to address them | 13 |
| 3.2.4 | Key Activities planned for the next six months (10/04-3/05) | 13 |
| 3.2.5 | Upcoming Events | 13 |
| 4 | Summary of 2004 Activities and Achievements | 13 |
| 5 | 2004 Expected Results..... | 16 |

1 Introduction

This report summarizes the key technical activities of the second semester of fiscal year 2004 (April-September) for the USAID Health Program /National Technical Assistance (ATN) project. A brief summary of the entire year's activities is also provided.

ATN's activities in 2004 primarily centered on locating and setting up the offices, procuring logistical materials and equipment, and hiring of staff. At the same time, ATN was actively implementing the first year's workplan in close collaboration with its partners.

Close consultation with the USAID/Health team and a fruitful collaboration with the Ministry of Health and other partners allowed us to focus our efforts on key challenges and to contribute to critical policy dialogue on health. The significant health challenges facing Mali are currently in the spotlight as the MOH and partners move towards finalizing the second phase of its national health strategy (PRODESS II).

This past semester's activities contributed to the accomplishment of year-end anticipated results as defined by the USAID Health Program and by different structures implementing high impact services under the National Direction of Health (DNS), to which ATN provides technical and financial assistance.

ATN's major accomplishments and activities in 2004 have been:

- ✓ Development of the strategy for the catch-up (*rattrapage*) system for vitamin A supplementation which takes place during the SIAN in the targeted circles.
- ✓ Monitoring and coordination of the *Semaines d'Intensification des Activités de Nutrition* (SIAN) Evaluation
- ✓ Dissemination of the tool for the development of *cercle* level integrated communication plans (PIC) for EPI and related support materials throughout the country.
- ✓ Organization of advocacy days to gain the active support of local religious and traditional leaders for vaccination activities.
- ✓ Development of IEC support materials to assist in the social mobilization of the National Vaccination Days for Polio and Measles.
- ✓ Training of trainers in Interpersonal Communication / Contraceptive Technology—1 session completed for 23 agents.
- ✓ Revision of seven volumes of the Policies, Norms and Procedures of the DNS/Reproductive Health Division.
- ✓ Progress in updating donor mapping for the health sector. The questionnaire used for this exercise was updated.

2 Component 1: Accomplishments of the past 6 months, lessons learned, obstacles and future activities by high impact service

2.1 Nutrition

2.1.1 Accomplishments of the past six months

The activities presented in this section were conducted in close collaboration with the Nutrition Division of the DNS and in partnership with all technical entities involved in nutrition activities in Mali. The overall goal of ATN and the DNS's Vitamin A supplementation efforts is to achieve universal coverage every six months of children between 6 and 59 months of age (the target group).

1. *Semaines d'Intensification des Activités de Nutrition* (Vitamin A supplementation)

ATN's involvement with the SIAN began during the planning stage for the January 2004 SIAN and continued with the second round of the 2004 SIAN this past July and August. During this semester, technical and financial assistance was given for preparatory meetings, microplanning at regional levels, and the SIAN implementation. ATN was also involved in the revision of the SIAN communication messages.

Preliminary data, not yet announced officially by the DNS, indicate that coverage is at 80%. A workshop was held in May among partners with the goal of harmonizing Vitamin A distribution efforts during the SIAN in the UNICEF cercles. During this workshop technical guidelines for the "*ratrapage*" were developed, and were included in the SIAN training guides.

Further assistance was offered for the micro-planning workshops in May and June prior to round two in the regions of Sikasso, Tombouctou, Gao, Kidal and the District of Bamako. ATN assisted with organizing the SIAN in Kayes (2 *cercles* : Kayes et Bafoulabé), Koulikoro (all *cercles* except Kolokani and Banamba), Sikasso, Ségou (all *cercles* except Bla and Niono), Tombouctou, Gao and Kidal and the District of Bamako.

Most significantly, ATN participated in a multi-regional supervision with the DNS of the SIAN in the regions of Sikasso, Segou, Tombouctou, Gao, Kidal, and the District of Bamako. Joint supervision with the DNS will be a key activity in future SIAN's as these visits help strengthen our technical discussions and underscore our suggestions for improvements.

ATN, in collaboration with HKI/MI, provided financial and technical assistance with the terms of reference, follow-up and coordination of the SIAN evaluation with the DN. An external research firm was hired to perform the evaluation. The evaluation consisted of a coverage survey and interviews with health providers, parents, and village leaders. The results will be ready in the first quarter of FY05.

2. World Breastfeeding Week

ATN participated in the planning meetings for the World Breastfeeding Week. In addition ATN assisted in the development and broadcasting of the TV spots (trailers, short

announcements) announcing World Breastfeeding Week and organized the opening day launch of the week's activities. Finally, ATN financed the broadcasting of radio messages on breastfeeding during the week.

3. Coordination and Partnership Activities

- ✓ Coordination meetings with UNICEF – USAID: thematic Nutrition group and the full group.
- ✓ Clarification of roles with POLICY concerning the finalization and dissemination of PROFILES
- ✓ Meetings of the Nutrition Technical Partners
- ✓ Meeting with World Education to discuss synergistic activities concerning vitamin A and education
- ✓ Meeting with Save the Children/USA to discuss their experiences in using zinc in child survival programs

4. Other activities

- ✓ Revision of the Nutrition Flipchart and reprinting for nation-wide distribution
- ✓ Participation in the Annual Nutrition Forum (CEDEAO) in Cotonou September 20-24, 2004 and financing the participation of some of the members of the Mali delegation
- ✓ Participation in the regional training on Planning and Implementation of Community IMCI, which includes a nutrition component.
- ✓ Development of the first draft of the Terms of Reference for the National Coordinating Committee for micro nutrient supplementation for a better coordination of nutrition activities

2.1.2 Lessons Learned

- *Efforts to develop and strengthen collaboration between all actors are worthwhile for the effective implementation of activities.* Some major partners (UNICEF) were focusing on routine delivery of Vitamin A, and not supporting fully the SIAN strategy. Through efforts such as joint meetings and frequent technical discussions ATN was able to create a harmonized strategy where UNICEF, in addition to routine delivery, could promote the SIAN in their poorer performing zones which are often the most at risk.
- *The health care providers at facility level see the SIAN as a very good opportunity for them to improve the interface with their target populations.* the SIAN evaluation not only highlighted the interest of the health providers in reaching the communities they serve but also the need to encourage and strengthen their support through additional training which will be programmed in FY05.
- *Health care providers need more technical preparation for the SIAN.* The SIAN evaluation showed that Vitamin A distributors would have benefited from additional training – how to give out the Vitamin A, communication related to side effects and benefits of Vitamin A. Several years have elapsed since the last

technical training and with changes in personnel a more extensive training is needed to improve the quality of the SIAN.

2.1.3 Obstacles/challenges encountered and steps taken to address them

- ✓ The time between microplanning workshops and the actual SIAN is insufficient for adequate and appropriate resources and funding to reach the regions. In addition, requests for funding by the DN/DNS for the SIAN are often too late to be available in a timely manner. These delays have caused postponement in some circles of the SIAN and in poor performance. Efforts will be made to work with the DNS to reduce this delay. However, given that the next SIAN will most likely be combined with the NIDs for Polio in February 2005 it is even more important that adequate time be allowed.
- ✓ Neglecting to follow microplanning guidelines for the SIAN, such as the estimation of the children's ages, calculation of the target population in the SIAN training guide. Technical assistance with microplanning will continue in FY05.
- ✓ Other nutrition partners need to be more engaged in the SIAN at the operational level. Some NGO's for example could be more actively involved in the SIAN and this represents a missed opportunity for universal coverage. Efforts will be made to work with NGO representatives to determine the barriers to their local level involvement.
- ✓ Insufficient buy in of the SIAN at the regional level. For example, the SIAN is not included in some regions operating plans. This will be addressed in 2005 during the CROCEPS process.
- ✓ Insufficient stocks of Vitamin A 100 000 UI capsules during the SIAN. Better management of supplies and the delivery chain will be underscored in the technical support from ATN for 2005.

2.1.4 Key activities planned for the next six months (10/04-3/05)

- ✓ Restitution of the SIAN Evaluation and the results of the SIAN 2004
- ✓ Formalize the National Coordination Committee control Micronutrient Deficiencies
- ✓ Microplanning workshops for the SIAN/NID
- ✓ Organization of the SIAN/NID in early 2005
- ✓ Development of the National Policy for Micronutrient Supplementation
- ✓ Planning for the integration of Iron Folic Acid in the SIAN.
- ✓ Synergy with World Education and other partners concerning Vitamin A
- ✓ Dialogue/Planning of a pilot activity on the role of zinc in child survival
- ✓ Finalize and validate PROFILES
- ✓ Promotion of the www.malinut.net website
- ✓ Validation of the Sectoral Nutrition Program (PSNAN)

- ✓ Strengthening of the DN/DNS through the provision of computer equipment

2.1.5 Upcoming Events/Travel

- ✓ Participation in the International Conference on Vitamin A and Iron (IVACG/INACG in Lima Peru, November, 2004)

2.2 Vaccination

2.2.1 Accomplishments of the past six months

The activities presented here are the result of a close collaboration with the Immunization Section of the DNS, WHO, and UNICEF among other key immunization players. ATN and the Immunization Section's goal is to reach and fully vaccinate all children 12 -23 months by the time of their first birthday (the proxy indicator for this being DTC3).

1. Support to routine EPI activities

ATN actively participated in the development of micro plans in the *cercles* of Kolondiéba and Koutiala and subsequently in meetings to finalize these micro plans. After assisting in the revision of the monitoring guide, ATN participated in specific supervision of vaccination activities in Koulikoro and Kayes region. Finally the ATN Deputy Director and vaccination manager attended the annual meeting of EPI directors and the Intercountry Exchange to Strengthen vaccinations, sponsored by WHO and BASICS in Dakar April 19-24, 2004.

2. Strengthened EPI communication activities

Over the course of the past six months, ATN organized the dissemination of the EPI Integrated Communication plan and the development of related support materials. Additionally, ATN assisted in the organization of the Vaccination Advocacy Days aimed at reaching local leaders (religious and traditional) throughout the country.

3. Support for National Immunization Days for Polio and Measles

In July 2004, Mali decided to join 22 other countries in a regional public health effort to vaccinate children against polio as a result of the growing circulation of the wild polio virus in the West and Central African regions. The first of these National Immunization Days (NIDs) are scheduled to be launched as a synchronized effort in October 2004 to continue into 2005. In this past semester, ATN participated in the planning and coordination of the NIDs for Polio and Measles, participated in a workshop to harmonize messages related to both campaigns and developed IEC support materials (baseball hats, T-shirts, banners and arm bands) to support social mobilisation efforts. Finally ATN produced a trailer and announcements for television in support of both campaigns.

2.2.2 Lessons Learned

- *Efforts to develop and strengthen collaboration between all actors are worthwhile for the effective implementation of activities.* Activities have been carried out

primarily with our partners in the Immunization Section of the MOH and at times with CNIECS (National Center for Health IEC). One particular example of collaboration, in particular between USAID projects, is the assistance from the POLICY Project in the organization of the Advocacy Days with local leaders. As a result of this collaboration ATN was able to benefit from the POLICY project's experience with traditional and religious leaders for HIV/AIDS and Family Planning activities and to transfer these experiences to benefit child survival.

- *When numerous actors are involved in the same activity, it is important that their interventions are harmonized to avoid duplication of efforts and to present a cohesive message to the population.* The harmonization workshop and the creation of messages for the NIDS/Polio 2004 and the measles campaign allowed the various partners to convey the same messages and use the same support materials, such as the EPI Integrated Communication Plan document (produced by BASICS prior to ATN).
- *As an official strategy, endorsed and promoted by the Ministry of Health, supplemental vaccination campaigns such as those for polio and measles must also be considered within our work.* At the same time, these campaigns can be used as a means of reinforcing the routine EPI program through the development of tools, refresher training for EPI managers at the cercle level, and through communication messages which underline the link between vaccination campaigns and routine immunization.

2.2.3 Obstacles/challenges encountered and steps taken to address these obstacles

Planned activities are often postponed or delayed in spite of our best efforts to stay on schedule. The latest example is the EPI review and evaluation which has been postponed until the first quarter, 2005. The main factor seems to be that partners often have competing priorities, such as the introduction of new vaccines, National Immunization Days, and other "new" initiatives. We will continue to actively participate in the technical coordination meetings with the major partners: MOH, UNICEF, and WHO in order to keep the focus on routine immunization strengthening which is our major objective. We will continue to plan and coordinate joint activities such as microplanning and supervision with the MOH.

2.2.4 Key Activities planned for the next 6 months (10/04-3/05)

- ✓ Participation in the organization of the Polio NIDs (second round of 2004 edition and first round of 2005 edition) and the 2004 Measles campaign;
- ✓ Support to the implementation of the "Reach Every District" (RED) approach in 5 cercles ;
- ✓ Participation in the organization of the national EPI review;
- ✓ Organization of two training sessions for EPI managers in the use of micro planning tools;
- ✓ Follow-up the recommendations from the Panafrican Forum to Strengthen Partnerships for Immunization and Child Survival with religious and traditional leaders and the media.

2.2.5 Upcoming Events/Travel

- ✓ Polio NIDs and Measles Campaign 2004 – 2005 ;
- ✓ Task Force on Immunization meeting (Bamako, December, 2004)

2.3 Maternal Health and Family Planning

2.3.1 Accomplishments of the past six months

In the context of the 2003-2004 Workplan, ATN, in collaboration with Kénéya Ciwara and the DNS/Reproductive Health Division, carried out the following activities during the last six months (April 1- October 30, 2004).

1. In service Training

Revision, harmonization and/or development of training of trainers modules for community-based *relais* workers in Interpersonal Counselling and Contraceptive technology in addition to a module on malaria. The latter was developed in collaboration with the NMCP and *Groupe Pivot*. Once these modules were completed the actual training of trainers workshops were held with over 45 trainers from four regions in Mali trained.

2. Revision of the Policies, Norms and Procedures in reproductive health (PNP/RH)

After the recruitment of a consultant to offer technical assistance, a revision of the previous documents was completed. Seven volumes were updated. Subsequently a series of job aids based on the PNP were developed to be used at the CSCOM level.

3. National Family Planning Campaign

ATN initiated and coordinated meetings among the USAID FP partners group to organize the national campaign which was scheduled to be held in October 2004. Once created, ATN transferred responsibility for the organization of the FP campaign to the DSR. In the meantime, the campaign was postponed because of the NIDs being scheduled for the same time. The campaign will now be launched in February 2005. ATN staff continued to offer input to the Jingle, the campaign slogan, and the POLICY project's FP film which will eventually be used during the campaign. Finally, ATN participated in the revision of messages on modern contraceptive methods developed by PSI.

4. Gender

Technical assistance was offered in the organization of the Gender workshop. Recognizing the important role gender issues play in development, ATN has been very conscious of respecting male/female equity in our activities.

5. Partnership

Making initial contacts and working with USAID health partners as well as other donors such as UNFPA, the Dutch Cooperation, and UNICEF has been a priority for ATN. This year, ATN established partnerships and met with the FP group and the *relais (community health workers)* group. With UNICEF, ATN jointly monitored *relais* activities specifically evaluating referral and evacuation procedures.

2.3.2 Lessons Learned

- The collaboration with PKC and the DSR in the area of Family Planning/Reproductive Health permitted better management of tools and training sessions.
- Meetings with other FP partners, particularly those funded by USAID (FP Group) allowed for better coordination of activities during the preparation of the national Family Planning campaign and helped the DSR take ownership of the activity.
- The PNP revision allowed for the integration of new approaches and concepts, to divide the procedures in 7 volumes and to develop job aids (*fiches techniques*) for the CSCOM level.
- Making contact and meeting with the FP partners assists in avoiding duplication of efforts. In this case it was particularly relevant to UNFPA who is also involved with PNP efforts.
- Monitoring male/female equity fosters a better consciousness of female participation in different types of workshops.

2.3.3 Obstacles/Challenges encountered and steps taken to address these obstacles

The beginning of all projects is difficult: in particular defining the role of ATN at the national level as a coordinating body, providing technical assistance, reviving interest in family planning after some years of lack of involvement by the stakeholders. The lack of availability of the DSR personnel also was an obstacle. It has been important to be accessible and to go to the DNS itself to touch base with MOH staff, to be flexible in our planning, and to be ready to organize and react to scheduling changes. Added to this were the momentary absences by the chief of the DSR. When the division chief of SR became the Minister of Health her replacement was named months later, which created a gap in leadership and delays in decision making.

2.3.4 Key activities planned for the next six months (10/04-3/05)

- ✓ Financial assistance to the training of trainers in logistics management carried out by Deliver;
- ✓ Training of trainers in Interpersonal communication/clinical family planning;
- ✓ Development and implementation of an on-the-job training course for CPN providers to reorient services (IPT/SP, Iron/Folic Acid, Maternal Tetanus Vaccination, MII, birth spacing awareness);
- ✓ Participation in the National FP campaign;
- ✓ Monitoring the integration of gender issues;
- ✓ Participation in the testing, validation and dissemination of the PNP, including job aids (*fiches techniques*) for the CSCOM level.

2.3.5 Upcoming Events

- ✓ Participation in the FP conference in Accra
- ✓ Participation in the African Society of Gynecologists and Obstetricians Conference
- ✓ Coordination of the FP national campaign preparations and launch in early 2005

2.4 Malaria

ATN has been working closely with the National Malaria Control Program (NMCP) during this very important transitional phase from the old chloroquine treatment to the new Artemisine Combined treatment and the new Intermittent Preventive Treatment (IPT) policy.

- ✓ “Journée de Reflexion” to define the new policy focused on the treatment for malaria episode and the IPT during the 1st trimester and the 9th month of pregnancy.
- ✓ Support to the PNLP for the development of the Communication plan for fighting malaria.
- ✓ Development of support materials for the Malaria Campaign (television and radio spots on the IPT of malaria for pregnant women.
- ✓ Production of radio and television support materials (i.e. cassettes)

The future involvement for ATN is to assist the NMCP in implementing the new policy, in collaboration with Malaria Action Coalition (MAC). Once Artemisine is available and accessible in Mali ATN is poised to assist the NMCP in rolling out the training for the providers, assisting with logistics and communication. In the meantime, ATN with the DSR and the NMCP will assist the rolling out of the new IPT policy using the on-the job training. This training will integrate other aspects of Prenatal Care, such as Iron/Folic Acid, Maternal Tetanus Vaccination, MII, birth spacing awareness.

2.5 Diarrheal Disease Control

Activities identified in the workplan for this component have not been completed for numerous reasons. ATN requested assistance from an expert consultant to assist in the development of a clearer policy for case management with ORT and for the prevention of diarrhoeal disease. Activities were delayed in anticipation of the arrival of this expert. Unfortunately, the identified consultant left USAID and another has not been identified.

However, ATN was able to participate in several related activities:

- ✓ Regional Community IMCI workshop;
- ✓ Revision of the child survival chapter of the Policies, Norms and Procedures (PNP), including technical guides (job aids) for the case management of diarrhoeal disease;
- ✓ Preliminary discussions with USAID partners (SAVE) concerning the new policy for managing diarrhea with zinc and a new ORS formulation.

We plan to continue following through on these activities through 2004-2005. In the next six months ATN will organize a “journée de reflexion” similar to that held for malaria, to discuss the new guidelines and to brainstorm on how to initiate them in Mali.

3 Component 2: Accomplishments in last 6 months, lessons learned, obstacles and future activities by intervention area

3.1 Health Sector Reform

3.1.1 Accomplishments of the past six months

During the first year of ATN's health sector reform activities the focus has been to conduct a situational analysis of the implementation of institutional reform actions outlined in the PRODESS.

The main activities over the past 6 months have been:

1. Developing a questionnaire for information gathering

ATN is mandated to work closely with the Ministry of Health's *Cellule de Planification et de Statistique* (CPS) to update their donor mapping. ATN worked with the USAID Health Team and the Ministry of Health's CPS to develop and validate a questionnaire that will enable to collect data from the different donors.

2. Analysis of bottlenecks that impact service delivery

ATN participated in a series of workshops organized by the Ministry of Health in the context of developing the final PRODESS document and proceeded with the identification of bottlenecks that were transmitted to the Ministry of Health through a synthesis input from the technical and financial partners (PTF). ATN has, in particular, worked in the institutional strengthening working group. A final document will be presented after the CROCEPS which will highlight these bottlenecks and propose solutions.

3. Analysis of the Ministry of Health's *Direction Administrative et Financière* procedures to access USAID funds

A series of meetings and interviews with the DAF managers and USAID accountants pointed out the need for a procedures manual for implementing structures to use to access USAID funds. In response to this, a work group was created. ATN is taking part in this work group and worked on the content of the procedures manual which is now in its draft form and is being reviewed by the different actors. In addition, a plan for developing a Trainers guide and a timetable for training regional accountants and managers has been developed with assistance from ATN to strengthen competency in management and accessing USAID funding.

3.1.2 Lessons Learned

- **Updated mapping is a real need:** This activity was initially undertaken by USAID through ATN. However, it has now become a CPS priority, and other partners (such as WHO) are very interested in having current donor activity and financing information in a convenient format. ATN will explore with the CPS the possibility of this information being stored in a database that can be more easily updated.

- ***Further work is needed to better implement the development of PRODESS II:*** The agreed upon timetable has not been respected because the development process has encountered a methodological problem. In effect, the approach of “Management by Results” was not scrupulously followed by the Ad Hoc groups. The result being that the first draft of the PRODESS II required further revision by the work groups and is now being finalized by a consultant. High impact services are not always highlighted even if they are integrated in the global context of fighting illnesses as is the case with nutrition activities.
- ***Priority urgently needs to be given to improving accessing, managing and justifying funds available to the DAF:*** The recent review of the PRODESS has demonstrated that with closer monitoring, justification of funds improves. The availability of a practical, easy to use manual as well as supervision based on specific guidelines jointly developed with the implementing structures would definitely improve the rational use of financial resources.

3.1.3 Obstacles/challenges encountered and steps taken to address them

During the process of updating the donor mapping, the main difficulties that we encountered were: 1) the instability of key personnel responsible for making decisions, in particular the division chiefs, 2) the lack of balance between crisis management and conducting planned activities, and 3) the delays in completing this activity due to other priorities of the CPS.

In effect, the *Cellule de Planification* has changed directors three (3) times this year and the primary contact person designated by the CPS was often busy with other activities. In order to resolve this problem it was envisioned to hire a consultant that would be based in the CPS to accomplish these activities.

Concerning support to the PRODESS, the extensive number of working groups makes it difficult to monitor all concerns. ATN will work closely with the institutional strengthening thematic group in order to ensure that high impact services are taken into consideration in the formulation of health policies and strategies.

Finally, concerning the development of management procedures for accessing USAID funding, the only obstacle is the confirmation of training dates which should be resolved soon.

3.1.4 Key activities planned for the next six months (10/04-3/05)

- ✓ Finalization of the update to the donor mapping
- ✓ Creation of a donor mapping database,
- ✓ Completion of the analysis of bottlenecks in the implementation of the PRODESS II
- ✓ Participation in the training of regional accountants and managers
- ✓ Monitor the spending and justification of resources along with the DAF and other involved groups.

3.1.5 Upcoming Events

- ✓ Recruitment of a consultant in October, 2004, to conduct donor mapping update.
- ✓ Training workshops for accountants and regional directors on management procedures for USAID direct funding: a preliminary training schedule is planned for three training sessions: 1) Bamako- October 4-7, 2004 (Regional and central level accountants and directors), 2) Sikasso- November 22-25, 2004 (Cercle-level accountants from the Kayes, Segou and Sikasso regions), 3) Mopti- December 6-9, 2004 (Agents from Mopti and the northern regions).

3.2 Mutual Health Organizations (MHO)

3.2.1 Accomplishments over the past 6 months

Over the course of the first year of project activity, ATN, in collaboration with PHRplus has strengthened the monitoring of existing MHOs in the *commune* of Sikasso and the *cercle* of Bla, and prepared and put into place a study to evaluate their impact on service utilisation. Another equally important activity was monitoring the implementation of the IEC Program/Maternal Health in Bla *cercle*.

The technical assistance offered to the health teams in the field consisted of three main activities :

1. Strengthening MHOs: ATN assisted the MHO offices to 3 since there are in the *aires de santé* covered by the MHOs and the number of health facilities contracted by the MHO to provide services to their beneficiaries (Cscm, Csref, Hospital), and strengthened MHO management practices.

2. Preparing and implementing the evaluation of the impact of MHOs on the utilisation of health services: ATN adapted existing evaluation tools to the present context (questionnaires, mapping, sampling and the training manual) and launched the data collection in September 2004.

3. Monitoring the Maternal Health IEC program: This program was developed in the *cercle* of Bla where maternal health services are available but very rarely used, particularly for assisted deliveries and post natal consultation. The IEC program consisted of a range of activities, including sketches, mass media, home visits, etc.

3.2.2 Lessons Learned

While waiting for the results of the evaluation which is currently in process, we can already identify some lessons learned:

- ✓ **Although the MHOs had some difficulty in continuous payment of premiums among the original adherents, there is a demand for this kind of service:** The economic effects of the 2003 poor cotton harvest and the upheaval in Ivory Coast created difficulties for the functioning of the MHOs because members no longer felt they could pay the premiums. However, when the MHOs were “relaunched” this year, membership increased by more than 50% in several months. The MHOs appear to address a felt need and the demand is strong enough to overcome periodic economic downturns. In addition, in the *cercle* de Bla, several neighboring *arrondissements* have initiated their own MHOs.

3.2.3 Obstacles/challenges encountered and steps taken to address them

The major difficulty in the implementation of the MHOs is the overall context of poverty. In effect, the populations are confronted with a socio-economic situation that doesn't allow for guaranteed, consistent income, especially in rural zones. The MHOs are using a variety of strategies to address this issue, including payments on a quarterly or annual basis (after the harvest). Additional sensitization is also being used to assist members in their understanding of the need to continually pay the premiums.

3.2.4 Key Activities planned for the next six months (10/04-3/05)

- ✓ Enter and analyze the MHO evaluation data
- ✓ Produce the final evaluation report
- ✓ Present and discuss findings on the impact of MHOs and the Maternal Health IEC program on the utilisation of available health services with local and national counterparts.
- ✓ Disseminate the evaluation report.
- ✓ Depending on the results of the evaluation, expand the MHO efforts in several of the Ciwara circles.

3.2.5 Upcoming Events

- ✓ Validation workshop for the two sites.
- ✓ National workshop to disseminate results.

4 Summary of 2004 Activities and Achievements

This year ATN has been focused on establishing a physical presence, clarifying ATN's role and mandate, and building momentum in the high impact services towards the project's goals and objectives. The project is staffed with highly respected, senior Malians, making ATN and USAID more visible in the health arena. ATN has steadily established collaboration with key USAID partners, and others such as UNICEF and WHO. ATN now has a presence in the technical assistance community -- ATN is solicited for its contribution to a whole range of

high impact areas, and in some cases, ATN has played the role of catalyst for technical issues, bringing various partners together to develop an operational consensus – e.g. with Malaria and Vitamin A activities.

ATN's major accomplishments and activities of the past twelve months have been:

Development of the strategy for the catch-up (rattrapage) system for vitamin A supplementation which takes place during the SIAN in the targeted circles.

Through ATN's close collaboration with the Nutrition Division of the DNS and other nutrition partners such as UNICEF and PKC, ATN was able to convene an important meeting which was designed to discuss issues around implementation of the SIAN. The participants in this meeting were able to reach consensus on harmonizing the SIAN and routine delivery strategies of Vitamin A in order to reach continuous coverage of vitamin A among the target group of women and children. Decisions reached at this meeting were integrated into official policy for vitamin A supplementation as it is promoted by the DNS.

Monitoring and coordination of the Semaines d'Intensification des Activités de Nutrition (SIAN) Evaluation

In 2004, ATN played a key role in the planning and implementation of the SIAN's and in ensuring continuous Vitamin A coverage for children 6 to 59 months and women post-partum. Since the inception of ATN, the quality of the SIAN's has been a key concern, therefore a rapid evaluation was designed and carried out. This evaluation pointed out key areas needing strengthening and key successes which will contribute to future planning of the SIAN's.

Dissemination of the tool for the development of *cercle* level integrated communication plans (PIC) for EPI and related support materials throughout the country.

This tool (PIC/PEV), while not developed by ATN but developed through USAID funding through BASICS, became a valuable asset during the year for the implementation of routine vaccination. Its dissemination in all regions and cercles of Mali was a critical launching activity which will ensure that the tool becomes a part of cercle level planning for vaccination activities. In addition, the PIC tool became an important focal point in other planning exercises such as the communication strategy for the NIDs Polio.

Organization of advocacy days to gain the active support of local religious and traditional leaders for vaccination activities.

Because of a rising concern about rumors around vaccinations (and also regarding other interventions such as vitamin A supplementation), ATN took the initiative to organize two advocacy days for vaccination. Local religious and traditional leaders from every region in Mali were invited with the goal of gaining their support for the promotion of vaccination in their communities. It was a unique opportunity for the participants to raise their concerns and pose their questions regarding vaccines and vaccination with technicians and communication specialists from the DNS and other partners and also for them to hear about the significant benefits of vaccinating their children.

Development of IEC support materials to assist in the social mobilization of the National Vaccination Days for Polio and Measles.

In July 2004, Mali decided to join 22 other countries in a regional public health effort to vaccinate children against polio as a result of the growing circulation of the wild polio virus in the West and Central African regions. ATN participated in the planning and coordination of the NIDs for Polio and Measles, participated in a workshop to harmonize messages related to both campaigns and developed IEC support materials (baseball hats, T-shirts, banners and arm bands) to support social mobilisation efforts. Finally ATN produced a trailer and announcements for television in support of both campaigns.

Training of trainers in Interpersonal Communication / Contraceptive Technology—1 session completed for 23 agents.

ATN with PKC supported the updating and revision of a training of trainers' modules for service providers in Interpersonal Counselling and Contraceptive technology. Staff from four regions in Mali were trained and efforts to continue this training will continue in FY05. This training also enabled the Division of Reproductive Health, ATN, and its partners to identify organizational weaknesses in the delivery of services (i.e. lack of materials, lack of IUD skills, lack of supplies). Plans are being made to address these areas.

Revision of seven volumes of the Policies, Norms and Procedures of the DNS/Reproductive Health Division.

After the recruitment of a consultant to offer technical assistance, a revision of the seven volumes of this important document was completed and is in draft. Technical updates were included in the revision. Subsequently a series of job aids based on the PNP were developed to be used at the CSCOM level

Progress in updating donor mapping for the health sector. The questionnaire used for this exercise was updated.

ATN is mandated to work closely with the Ministry of Health's *Cellule de Planification et de Statistique* (CPS) to update their donor mapping. ATN worked with the USAID Health Team and the Ministry of Health's CPS to develop and validate a questionnaire that will enable to collect data from the different donors.

ATN remains committed to staying focused on the high impact services so that our efforts do not become too dispersed, but we are also interested in exploring strategies to expand our efforts geographically to ensure USAID's indicators are achieved nation-wide.

5 2004 Expected Results

| Indicator | Data source | Baseline (2003) | Target (2004) | Achieved | Comments |
|---|--|-----------------------|---|-----------------|--|
| Outcome/Impact | | | | | |
| % of children 6-59 months having received a vitamin A in the last 6 months (in the USAID areas) | MOH / DHSIII (national) | 34% (2001 – national) | By regions | 80% | SIAN results in the USAID areas |
| 1. A communication plan is implemented | Nutrition Division/ DNS / ATN | 0 | 1 plan | 0 | Needs more detail in 2005 |
| 2. The national policy for Vitamin A supplementation is developed and disseminated | Nutrition Division/DNS/ATN | 0 | 1 Policy document | 0 | To be finalized in 2005 |
| 3. A quick coverage survey after the campaign implemented | Nutrition Division / DNS / ATN – Evaluation report | 0 | 1 survey report | 1 survey report | |
| 2004 EPI Results | | | | | |
| 1. Revision of microplanning tools | Immunization Section / DNS / ATN | 0 | 3 tools revised | 3 tools revised | |
| 2. Assistance to the microplanning at cercle level | ATN trip reports | 0 | 3 cercles | 3 cercles | |
| 3. Quarterly Supervision at regional levels (sampling cercle and Health zones) with supervised integrated tools already elaborated | Section Immunization/ DNS / ATN (rapport de mission) | 0 | 3 visits total 1 supervision visit per trimester | 3 visits | |
| 2004 CDD Results | | | | | |
| 1. A clearer policy on home utilization of ORT | DNS / ATN | | 1 policy document | 0 | A new policy is developed for diarrhea |

| Indicator | Data source | Baseline (2003) | Target (2004) | Achieved | Comments |
|--|-----------------------|-----------------|---------------------------------|---------------------------------|--|
| | | | | | case management – There will a « journée de reflexion » organized by ATN in 2005 |
| 2. ORT policy disseminated | DNS / ATN | 0 | 1 policy disseminated | 0 | |
| 2004 Family Planning Results | | | | | |
| 1. Trainers formed on FP (contraceptive technology and ICP) | DSR / DNS / ATN | 0 | 23 | 23 | One participant for FP unit of the cercles and communes |
| 2. Reproductive Health Policy, norms et procedures revised with development FP job aids for CSCOM, Relais et households | DSR / DNS / ATN | 0 | 7 revised volumes (first draft) | 7 revised volumes (first draft) | Testing and validation before finalization in 2005 |
| 3. A Reproductive Health national communication strategy | DNS/DSR/ATN | 0 | 1 | 0 | Delayed because of the change of the head of the RH Division |
| 4. Gender integration at the DSR level | DNS/DSR/ATN | unknown | 50% participants female | 50% participants male | For all the workshops except for the FP |
| 2004 Malaria Results | | | | | |
| 1. National policy disseminated | PNLP / DNS/ ATN | 0 | 1 document disseminated | 0 | |
| 2. Health providers formed on IPT | PNLP / DSR/ DNS/ ATN | 0 | # of people trained | 0 | |
| 3. Mass-media campaign to inform the population about the IPT policy | ATN / PNL | 0 | 1 mass media campaign started | 1 mass media campaign started | |
| 4. Evaluation of the IPT integration in the ANC | ATN evaluation report | 0 | 1 evaluation | 0 | |

| Indicator | Data source | Baseline (2003) | Target (2004) | Achieved | Comments |
|--|-------------|-----------------|-------------------------|-------------------------|-------------------|
| 2004 Component 2 Results | | | | | |
| 1. Donor mapping updated | ATN / CPS | 0 | 1 questionnaire updated | 1 questionnaire updated | |
| 2. Bottleneck analysis for high impact services | ATN | 0 | 1 analysis document | 0 | |
| 3. Analysis of DAF procedures and resource mobilization | ATN | 0 | 1 analysis document | 1 analysis document | |
| 4. Dissemination of lessons learned for MHO in Mali | ATN | 0 | 1 feedback meeting | 0 | Organized in 2005 |
| 2004 Component 3 Results | | | | | |
| 1. Material available for CLIC | ATN | 0 | N/A | 0 | TBD |
| 2. GPS data available | ATN | 0 | N/A | 0 | TBD |